

**DISCLOSURE SUMMARY PAGE**

Reset Form

<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	6334
Logged In	VB
Scanned	
Computer	
Audited	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Numbers: Steamfitters Local #33 PAC

**IMPORTANT:** Indicate by # type of committee you are reporting for: 2(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other  
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political  
Subdivision PAC (11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

5-19-04

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☒ 1☒ CHECK IF AMENDMENT TO REPORT DATED

5-19-04

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County &amp; Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

4268.25

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

- Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

1341.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

**(Schedule H applies to Candidates' Committees Only)**

SUB-TOTAL .....

5609.25

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1700.00

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

3909.25

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☐ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

See Back of Form



SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**CONTRIBUTOR NAME** (Must be same as on Statement of Organization)

*Numbers & Steam Fitters Local Union #33*

**NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
		<i>Contributions are from members of Local 33 which are less than \$250.</i>			
<i>1/5/04</i>	ID# CK#	<i>Unitemized contribution</i>		<i>\$ 49.00</i>	<input type="checkbox"/>
<i>1/8/04</i>	ID# CK#	<i>" "</i>		<i>93.00</i>	<input type="checkbox"/>
<i>1/9/04</i>	ID# CK#	<i>" "</i>		<i>53.00</i>	<input type="checkbox"/>
<i>1/12/04</i>	ID# CK#	<i>" "</i>		<i>108</i>	<input type="checkbox"/>
<i>1/13/04</i>	ID# CK#	<i>" "</i>		<i>67</i>	<input type="checkbox"/>
<i>1/13/04</i>	ID# CK#	<i>" "</i>		<i>205.00</i>	<input type="checkbox"/>
<i>1/14/04</i>	ID# CK#	<i>" "</i>		<i>61.00</i>	<input type="checkbox"/>
<i>1/23/04</i>	ID# CK#	<i>" "</i>		<i>269.00</i>	<input type="checkbox"/>
<i>1/31/04</i>	ID# CK#	<i>" "</i>		<i>275.00</i>	<input type="checkbox"/>
<i>2/3/04</i>	ID# CK#	<i>" "</i>		<i>94.00</i>	<input type="checkbox"/>

SUB-TOTAL

*\$ 1274*

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page *1* of *2*  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Plumbers & Steamfitters Local Union # 33

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**



CHECK THIS BOX IF  
AMENDING FORM

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
2/00/04	ID# CK#	unitemized contribution		\$ 67.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 67.00

**TOTAL (if last page of this schedule)**

\$ 134.11

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/02)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Plumbers Steamfitters Local Union #33 PAC

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-8-04	ID# 142 CK# 1180	Citizens for Bronstad 220 Bennett Council Bluffs IA 51503		\$ 250.00
1-8-04	ID# CK# 1181	Iowa Democratic Party		250.00
4-8-04	ID# CK# 1182	Gayle Collins for City Council 100 Market St #418 Des Moines IA 50309		250.00
5-10-04	ID# CK# 1184	Polk City Democrats Pleurin Des Moines IA 50321		200.00
5-10-04	ID# CK# 1185	Gayle Collins for City Council 100 Market St #418 Des Moines IA 50309		500.00
5-10-04	ID# CK# 1183	Friends for Verschore 4600 46th Ave Rock Island IL 61201		250.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1700
TOTAL (if last page of this schedule)				\$ 1700

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

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<b>For Office Use Only</b>	
Comm. #	4334
Logged In	SW
Scanned	
Computer	
Audited	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Plumber's Steamfitters Local Union 33 PAC

**IMPORTANT:** Indicate type of committee you are reporting for: ☒ 2

( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee

### CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
Office Sought	District (if Senate or House)

**IA ETHICS & CAMPAIGN DISCLOSURE BOARD**

MAY 19 2004

Thomas Gillespie  
**SIGNATURE OF TREASURER** (or person filing this report)

575 243 3200  
**TELEPHONE**

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

### SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5-19-04 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date) Indicate one ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

### STATEMENT OF CASH ON HAND

**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) .....\$

4586.25

#### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....

1243.00

Schedule F: Loans Received total (Attach Schedule F) .....

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** .....\$

#### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ....

1700.00

Schedule F: Loan Repayments total (Attach Schedule F) .....

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .....\$

4079.25

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) .....\$

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....\$

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) .....\$

### CANDIDATE COMMITTEES ONLY:

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

☐ YES ☐ NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Plumbers & Steam Fitters Local Union #33

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
		Contributions are from members of Local 33 which are less than \$250.			
1/5/04	ID# CK#	Unitemized contribution		\$ 49.00	<input type="checkbox"/>
1/8/04	ID# CK#	" "		93.00	<input type="checkbox"/>
1/9/04	ID# CK#	" "		53.00	<input type="checkbox"/>
1/12/04	ID# CK#	" "		108	<input type="checkbox"/>
1/13/04	ID# CK#	" "		67	<input type="checkbox"/>
1/13/04	ID# CK#	" "		205.00	<input type="checkbox"/>
1/16/04	ID# CK#	" "		61.00	<input type="checkbox"/>
1/23/04	ID# CK#	" "		269.00	<input type="checkbox"/>
1/31/04	ID# CK#	" "		275.00	<input type="checkbox"/>
2/3/04	ID# CK#	" "		94.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1176

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Plumbers & Steamfitters Local Union # 33

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
2/10/04	ID# CK#	unitemized contribution		\$ 67.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 67.00

TOTAL (if last page of this schedule)

\$ 1243.00

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Page 1 of 2  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Plumbers & Steam Fitters Local Union #33 PAC

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-8-04	ID# 142 CK# 1180	Citizens for Bronstad 220 Bennett Council Bluffs IA 51503		\$ 250.00
1-8-04	ID# CK# 1181	Iowa Democratic Party		250.00
4-8-04	ID# CK# 1182	Gayle Collins for City Council 100 Market St #418 Des Moines IA 50309		250.00
5-10-04	ID# CK# 1184	Polk City Democrats Pleura Des Moines IA 50321		200.00
5-10-04	ID# CK# 1185	Gayle Collins for City Council 100 Market St #418 Des Moines IA 50309		500.00
5-10-04	ID# CK# 1183	Friends for Verschore 4600 46th Ave Rock Island IL 61201		250.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 1700

TOTAL (if last page of this schedule) \$ 1700

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)